EDGEWATER HAVEN NURSING HOME 1351 WISCONSIN RIVER DRIVE

PORT EDWARDS 54469 Ownership: Phone: (715) 885-8300 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 126 Yes Number of Residents on 12/31/02: Average Daily Census: 100

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	%			
Home Health Care	No			Age Groups	 %		42.9
Supp. Home Care-Personal Care	No					1 - 4 Years	40.8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	10.2		16.3
Day Services	No	Mental Illness (Org./Psy)	44.9	65 - 74	9.2		
Respite Care	Yes	Mental Illness (Other)	1.0	75 - 84	21.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	9.2	95 & Over	10.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	6.1			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	3.1		100.0	(12/31/02)	
Other Meals	Yes	Cardiovascular	6.1	65 & Over	89.8		
Transportation	No	Cerebrovascular	6.1			RNs	15.8
Referral Service	Yes	Diabetes	5.1	Sex	%	LPNs	6.8
Other Services	Yes	Respiratory	2.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	15.3	Male	32.7	Aides, & Orderlies	61.8
Mentally Ill	No			Female	67.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
<u> </u>	No	 	100.0	 		 	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	2	25.0	266	 2	2.8	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.1
Skilled Care	6	75.0	272	65	90.3	109	0	0.0	0	18	100.0	141	0	0.0	0	0	0.0	0	89	90.8
Intermediate				5	6.9	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	5.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		72	100.0		0	0.0		18	100.0		0	0.0		0	0.0		98	100.0

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EDGEWATER HAVEN NURSING HOME

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12,	/31/02
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	-	Activities of	%	As	sistance of	4	Number of
Private Home/No Home Health	5.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.3	Bathing	0.0		69.4	30.6	98
Other Nursing Homes	1.3	Dressing	9.2		66.3	24.5	98
Acute Care Hospitals	86.7	Transferring	16.3		49.0	34.7	98
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.3		57.1	25.5	98
Rehabilitation Hospitals	0.0	Eating	76.5		12.2	11.2	98
Other Locations	5.1	******	*****	*****	*****	*****	*****
Total Number of Admissions	158	Continence		%	Special Treatme	nts	%
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	9.2	Receiving Res	piratory Care	8.2
Private Home/No Home Health	33.1	Occ/Freq. Incontinen	it of Bladder	54.1	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	15.0	Occ/Freq. Incontinen	nt of Bowel	34.7	Receiving Suc	tioning	0.0
Other Nursing Homes	0.6				Receiving Ost	omy Care	3.1
Acute Care Hospitals	8.1	Mobility			Receiving Tube	e Feeding	1.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	6.1	Receiving Mec	hanically Altered Diets	25.5
Rehabilitation Hospitals	0.0						
Other Locations	7.5	Skin Care			Other Resident	Characteristics	
Deaths	35.6	With Pressure Sores		8.2	Have Advance	Directives	94.9
Total Number of Discharges		With Rashes		10.2	Medications		
(Including Deaths)	160				Receiving Psy	choactive Drugs	60.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

			ership:		Size:		ensure:		_		
	This		ernment		-199		lled	Al			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	00	%	Ratio	୪	Ratio	ଚ	Ratio	oo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	79.4	84.6	0.94	85.5	0.93	86.7	0.92	85.1	0.93		
Current Residents from In-County	96.9	55.3	1.75	78.5	1.24	69.3	1.40	76.6	1.26		
Admissions from In-County, Still Residing	26.6	26.2	1.02	24.7	1.08	22.5	1.18	20.3	1.31		
Admissions/Average Daily Census	158.0	60.4	2.62	114.6	1.38	102.9	1.54	133.4	1.18		
Discharges/Average Daily Census	160.0	64.0	2.50	114.9	1.39	105.2	1.52	135.3	1.18		
Discharges To Private Residence/Average Daily Cens	us 77.0	19.7	3.91	47.9	1.61	40.9	1.88	56.6	1.36		
Residents Receiving Skilled Care	94.9	85.5	1.11	94.9	1.00	91.6	1.04	86.3	1.10		
Residents Aged 65 and Older	89.8	88.5	1.01	94.1	0.95	93.6	0.96	87.7	1.02		
Title 19 (Medicaid) Funded Residents	73.5	79.1	0.93	66.1	1.11	69.0	1.06	67.5	1.09		
Private Pay Funded Residents	18.4	16.2	1.14	21.5	0.85	21.2	0.87	21.0	0.87		
Developmentally Disabled Residents	1.0	0.5	1.94	0.6	1.61	0.6	1.80	7.1	0.14		
Mentally Ill Residents	45.9	48.2	0.95	36.8	1.25	37.8	1.21	33.3	1.38		
General Medical Service Residents	15.3	20.0	0.76	22.8	0.67	22.3	0.69	20.5	0.75		
Impaired ADL (Mean)	50.8	44.1	1.15	49.1	1.03	47.5	1.07	49.3	1.03		
Psychological Problems	60.2	62.8	0.96	53.4	1.13	56.9	1.06	54.0	1.11		
Nursing Care Required (Mean)	7.0	7.5	0.94	6.8	1.03	6.8	1.03	7.2	0.97		